FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(See instruction	_		Office use only	
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5		
Alameda Cour	nty Republican Ce	entral Committe	e (Fed. Acct.)			
ADDRESS (number and s	street) 1039	Macarthur Boul	evard	1 1 1 1 1		
(Check if address is changed)		eandro		CA L	94577 3005	
	W 4000000		CITY▲	STATE	ZIP CODE 📥	
committee's e-mai						
				<u> </u>		
COMMITTEE'S WEB	PAGE ADDRESS (U	RL)			1	
www.alameda	ngop.org					
COMMITTEE'S FAX N 5106381070	NUMBER	Ь				
2. DATE 1.1		2007				
3. FEC IDENTIFICA	TION NUMBER		C C00404020			
4. IS THIS STATEM	4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)					
I certify that I have exami	ned this Statement and	to the best of my know	wledge and belief it is true, correct a	and complete		
Type or Print Name of	Treasurer K	aren Wind				
Signature of Treasurer	Electronically Filed	d by Karen Win	d	Date 111	05 / 2007	
NOTE: Submission of fall			subject the person signing this Sta	•	s of 2 U.S.C. S437g.	
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2003)	

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5.	TYPE OF COMMITTEE (Check One)					
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	Name of Candidate					
	Candidate Party Affiliation Office Sought: House Senate President	State District				
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate					
		mocratic, ublican,etc.) Party.				
	(e) This committee is a separate segregated fund					
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee.	d or party				
6.	Name of Any Connected Organization or Affiliated Committee					
1	California Republican Party (Federal)	1				
L						
L	1903 W Magnolia Boulevard					
	Mailing Address					
	Burbank CA 915	06 _ 1727				
	CITY≜ STATE≜ Z	IP CODE A				
	Relationship Political Party Committee					
Type of Connected Organization:						
	Corporation Corporation w/o Capital Stock Labor Organization	n				
	Membership Organization Trade Association Cooperative					

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W	rite or Type Committee Name						
	Alameda County Republi	can Central Committee (Fed. Acc	t.)				
7.	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in cossession of Committee books and records.						
	Full Name Karen W						
	Mailing Address	4996 Dolores Drive					
	-	Pleasanton	CA	94566 7666			
	Title or Position ♥	CITY A	STATE▲	ZIP CODE A			
	Treasurer		Telephone number				
3.		nd address (phone number option esignated agent (e.g., assistant treatind 4996 Dolores Drive		ntee, and the			
	-	Pleasanton	CA	94566 _ 7666			
	Title or Position ♥	CITY A	STATE▲	ZIP CODE A			
	Treasurer		Telephone number				
	Full Name of Designated Agent						
	Mailing Address						
	Title or Position ▼	CITY A		ZIP CODE A			
	•	**	•				
			Telephone number				

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9.	Banks or Other Depositories safety deposit boxes or maintai Name of Bank, Depository, etc	maintains funds.							
	City Na Mailing Address	ational Bank 1100 San Leandro Boulevard							
		San Leandro CA 945	677 _ 1 595						
		CITY △ STATE 🚄 ZII	P CODE 🛆						